



3739
Stw

Docket No.: 1908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr., et al

Serial No.: 10/074,468

Group Art Unit: 3739

Filed: February 12, 2002

Examiner: Thissell

For: **Apparatus For Delivering Ablation Fluid to Treat Lesions**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: 5/25/04

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Neil Gershon
Rex Medical
2023 Summer Street
Suite 2
Stamford, CT 06905
(203) 348-0377



Docket No.: 1908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: McGuckin Jr. et al

Examiner: Thissell

Group Art Unit: 3739

Serial No: 10/074,468

Filed: February 12, 2002

For: APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

A M E N D M E N T

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 30, 2004, please amend the above-identified application as set forth below. Claims 1-10, 17-18, 20-27 have been canceled without prejudice or disclaimer. Claims 24 and 25 were previously canceled (withdrawn). Claims 28-30 have been amended.



Docket No.: 1908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr., et al

Examiner: Thissell

Group Art Unit: 3739

Serial No: 10/074,468

Filed: February 12, 2002

For: Apparatus for Delivering Ablation Fluid to Treat Leasions

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[x] No additional fee is required.

CLAIMS AS AMENDED

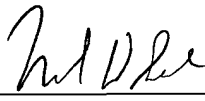
	Claims Remaining After Amendment		Highest No. Covered by Previous Payments		Rate Extra	Additional Fee
Total Claims*	10	-	25	=	x \$9.00	\$ 0.00
Independent Claims	5	-	6	=	x \$42.00	\$ 0.00
Total:						\$ 0.00

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

Petition for Extension of time pursuant to 37 C.F.R. \$1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. \$1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. \$1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 5/25/04

By: 

Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

Rex Medical
2023 Summer St.
Suite 2
Stamford, CT. 06905
(203) 348-0377